

360 Main St. • Delta, Colorado 81416 • Phone (970) 874-7566 • Fax (970) 874-8776

City of Delta Request for Inspection/Copying of Records

Contact Person:	
Business Name:	
Phone Number:	Fax Number:
Mailing Address:	
Email Address:	
Date of Request:	
	e as specific as possible, including whether you require signed copies hments (attach additional sheets if necessary).
FOR CITY USE ONLY	
Final Cost: pages @ \$.2	25 = \$
hours @ \$30	0.00 = \$
Other Fees:	
Total Cost \$	

* * * * * * * * * * * * * * * *